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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	47113-US
First Named Inventor	Schlom, Jeffrey
COMPLETE IF KNOWN	
Application Number	09/366,670
Filing Date	August 3, 1999
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

RECOMBINANT POX VIRUS FOR IMMUNIZATION AGAINST MUC1 TUMOR-ASSOCIATED ANTIGEN

(Title of the Invention)

the specification of which
☐ is attached hereto
OR
☒ was filed on (MM/DD/YYYY) August 3, 1999 as United States Application Number or PCT International Application Number 09/366,670 and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 356(b) of any foreign application(s) for patent or inventor's certificate, or 356(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	NO
			☐	☐	☐
			☐	☐	☐
			☐	☐	☐
			☐	☐	☐

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)
60/038,253	02/24/1997

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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/US98/03693	February 24, 1998	

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As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☐ Customer Number [] → Place Customer Number Bar Code Label here

OR

☒ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
David S. Resnick	34235	Georgia Caton	P44597
Ronald I. Eisenstein	30628	Dennis M. Connolly	40964
Jeffery B. Arnold	39540	Lisa A. Dolak	35491

☒ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label [] OR ☒ Correspondence address below

Name	David S. Resnick				
Address	101 Federal Street				
Address					
City	Boston	State	MA	ZIP	02110
Country	USA	Telephone	(617) 345-6057	Fax	(617) 345-1300

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Family Name or Surname
Jeffrey	Schlom

Inventor's Signature						Date	
Residence, City	Potomac	State	MD	Country		Citizenship	USA
Post Office Address	10525 Tyler Terrace						
Post Office Address							
City	Potomac	State	MD	ZIP	20854	Country	

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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Page 1 of 2

Name of Additional Joint Inventor, if any:	☐ A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])			Family Name or Surname				
Judith			Kantor				
Inventor's Signature						**Date**	
Residence: City	Rockville	**State** MD	**Country**			**Citizenship**	USA
Post Office Address	1096 Larkspur Terrace						
Post Office Address							
City	Rockville	**State** MD	**ZIP** 20850	**Country**			

Name of Additional Joint Inventor, if any:	☐ A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])			Family Name or Surname				
Donald			Kufe				
Inventor's Signature	Donald W. Kufe					**Date**	11/9/99
Residence: City	Wellesley	**State** MA	**Country**			**Citizenship**	USA
Post Office Address	179 Grove Street						
Post Office Address							
City	Wellesley	**State** MA	**ZIP** 02181	**Country**			

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Given Name (first and middle [if any])			Family Name or Surname				
Dennis			Panicali				
Inventor's Signature						**Date**	
Residence: City	Acton	**State** MA	**Country**			**Citizenship**	USA
Post Office Address	114 Nonset Path						
Post Office Address							
City	Acton	**State** MA	**ZIP** 02170	**Country**			

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William T. French	16297		
Gunnar G. Leinberg	35584		
Edwin V. Merkel	40087		
Michael L. Goldman	30727		

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Given Name (first and middle [if any])			Family Name or Surname				
Linda			Gritz				
Inventor's Signature						**Date**	
Residence: City		**State**		**Country**		**Citizenship**	USA
Post Office Address	3 Emerson Street						
Post Office Address							
City	Somerville	**State**		**ZIP**		**Country**	

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Post Office Address							
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Name	David S. Resnick						
Address	101 Federal Street						
Address							
City	Boston			State	MA	ZIP	02110
Country	USA	Telephone	(617) 345-6057			Fax	(617) 345-1300

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Family Name or Surname
Jeffrey	Schlom

Inventor's Signature								Date	
Residence: City	Potomac		State	MD	Country			Citizenship	USA
Post Office Address	10525 Tyler Terrace								
Post Office Address									
City	Potomac	State	MD	ZIP	20854	Country			

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Name of Additional Joint Inventor, if any:	☐ A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])			Family Name or Surname				
Judith			Kantor				
Inventor's Signature						**Date**	
Residence: City	Rockville	**State** MD	**Country**			**Citizenship**	USA
Post Office Address	1096 Larkspur Terrace						
Post Office Address							
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Donald			Kufe				
Inventor's Signature						**Date**	
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Inventor's Signature						9-27-99 **Date**	
Residence: City	Acton	**State** MA	**Country**			**Citizenship**	USA
Post Office Address	114 Nonset Path						
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Inventor's Signature	[signature]					Date	9/27/99
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Given Name (first and middle [if any])	Family Name or Surname
Jeffrey	Schlom

Inventor's Signature	Jeffrey Schlom					Date	12/7/99
Residence: City	Potomac	State	MD	Country		Citizenship	USA
Post Office Address	10525 Tyler Terrace						
Post Office Address							
City	Potomac	State	MD	ZIP	20854	Country	

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 2

Name of Additional Joint Inventor, if any:	☐ A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])			Family Name or Surname				
Judith			Kantor				
Inventor's Signature	Judith Kantor					Date 12/2/99	
Residence: City	Rockville	**State** MD	**Country**			**Citizenship**	USA
Post Office Address	1096 Larkspur Terrace						
Post Office Address							
City	Rockville	**State** MD	**ZIP** 20850	**Country**			

Name of Additional Joint Inventor, if any:	☐ A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])			Family Name or Surname				
Donald			Kufe				
Inventor's Signature						Date	
Residence: City	Wellesley	**State** MA	**Country**			**Citizenship**	USA
Post Office Address	179 Grove Street						
Post Office Address							
City	Wellesley	**State** MA	**ZIP** 02181	**Country**			

Name of Additional Joint Inventor, if any:	☐ A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])			Family Name or Surname				
Dennis			Panicali				
Inventor's Signature						Date	
Residence: City	Acton	**State** MA	**Country**			**Citizenship**	USA
Post Office Address	114 Nonset Path						
Post Office Address							
City	Acton	**State** MA	**ZIP** 02170	**Country**			

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REGISTERED PRACTITIONER INFORMATION (Supplemental Sheet)

Name	Registration Number	Name	Registration Number
William T. French	16297		
Gunnar G. Leinberg	35584		
Edwin V. Merkel	40087		
Michael L. Goldman	30727		

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ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 2

Name of Additional Joint Inventor, if any:	☐ A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])			Family Name or Surname				
Linda			Gritz				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	USA
Post Office Address	3 Emerson Street						
Post Office Address							
City	Somerville	State		ZIP		Country	

Name of Additional Joint Inventor, if any:	☐ A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Name of Additional Joint Inventor, if any:	☐ A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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